When this form is completely filled out use Preventive Medicine Services Code:

99382—New Patient (ages 1-4 years) 99392—Established patient (ages 1-4 yrs)																				
2 Y	EPSDT Screening D	ate				/2	0	0		Member ID#				_		-				
Two Ye	ear Visit	t		•		•	•	•							-					
Name						Birth Date						Historian								
Age		A11	lergies							Medi	catio	ons								
	lbs		_																	
Nutrition		•	02	z. Ecn						LOTHEI									= abn	
Weaned fro Appetite: fruits veggies	m bottle? y good variab	le p	picky ——		Ger Hea Neo Eye	neral ad ck es Red ref Alignm	lex	(, 10		(10)			- 11	•	Χ.	- 4511	•
bread Water: city well spring bottled				Ear No: Thi		uth/T	eeth		!											
WIC: Yes No History Update Are there any changes in your family history? No Yes FH heart disease < 55 No Yes FH ↑ cholesterol No Yes Has the patient had any new problems or illnesses since the last visit? No Yes No Yes				Fer Ger	art domen noral Pr nitalia Female Male Tes remitie t ne	tes														
Hearing/Speech Hears well? yes no 2-3 word sentences yes no Vision: Sees distant objects well? yes no Developmental Screen* normal abnormal Lead Risk Factors* yes no TB Risk Factors* yes no				Safety ☐ Car seat, facing forward ☐ Smoke detectors, no smoking in home ☐ Hot water < 120 degrees ☐ Child proof home, supervision ☐ Syrup of Ipecac, Poison Control # ☐ Water safety, supervise bath ☐ Firearm safety ☐ Sunburn prevention Health/Nutrition ☐ Low fat milk from cup ☐ Limit juice, milk intake ☐ Picky appetites, self feeding ☐ Choking prevention ☐ Brushing teeth Social/Behavioral						_	Impression ☐ Well Child, normal growth and development ☐									
Lab Test Hgb	Lab Tests Hgb Lead level Hgb required at 9 mos. Test only if not done reviously or if abnl. Lead level required at					Social/Behavioral Set limits, time out Praise good behavior TV limits Read to child Toilet training Sleep, bedtime routine Family Day care, pre-school						M.D. / P.N.I								
Cholesterol									F	Provider ID	#	I				I	Ī			

*see separate form